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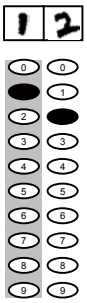
Form ID

Australasian Colorectal Cancer Family Study
Follow Up Questionnaire

This study is part of the Cooperative Family Registry for Colorectal Cancer Studies, and is funded by the National Institutes of Health (USA).

Instructions

All questions where there is a choice or a numerical reponse require you to fill in the bubble. Numeric responses should also be written in the boxes above the columns of bubbles. For example, to indicate a response of 12 the form would be filled in like the illustration to the right .



Ideally, bubbles should be filled in completely but it is more important to keep marks inside the bubble as much as possible.

Text fields should be filled in using block capitals, taking care to keep the letters within the boxes:

EPIDEMIOLOGY UNIT

ID Number

99 - _____ - _____

Interview Date

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014

Interviewer: _____ **ID:**

How and where was the interview conducted ?

- ○ Face-to-face at the respondents home
- ○ Face-to-face at another place
- ○ By mail self-completed questionnaire
- ○ By telephone
- ○ Other

Was an interpreter used ?

- ○ Yes
- ○ No

Centre for Genetic Epidemiology
The University of Melbourne
Carlton VIC 3053

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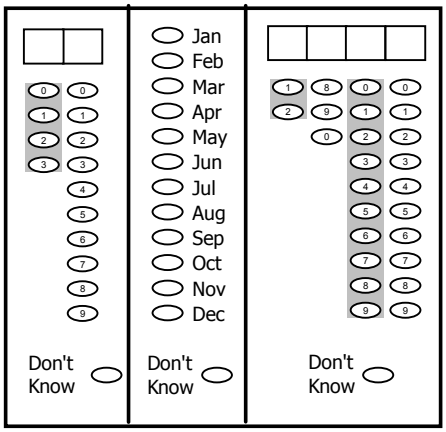
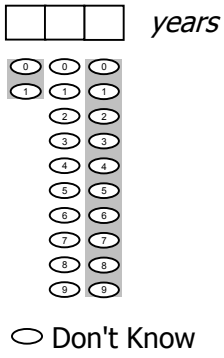
A. Background Information

You completed the first questionnaire for us in [MONTH, YEAR]. Most of the questions we will be asking today are about the time period since that interview. I just need to check ...

A1 **What is your date of birth?**



A2 **How old are you?**



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B. Medical Tests

Now I'm going to ask you some questions about medical tests you may have had since you completed the last interview [MONTH, YEAR].

A faecal occult blood test (FOBT) is a test using specially treated cards to detect the presence of blood in the stool. It is also called a stool smear test, Hemoccult test, HempSp or Enterix!NFORM.

B1 **Since the date of your last interview [MM/YYYY], have you had a <u>faecal occult blood test</u> (FOBT)?**

- ○ Yes → *B1a*
- ○ No → *B2*
- ○ Don't Know → *B2*

B1a **Was this the <u>first</u> time you ever had a faecal occult blood test?**

- ○ Yes
- ○ No → *B1d*
- ○ Don't Know → *B1d*

B1b **[IF YES] What was your age when you <u>first</u> had this test?**

□□□ *years*

0 0 0
1 1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

○ Don't Know

B1c **What were the reasons for your <u>first</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	○	○	○
Family History of Bowel Cancer	○	○	○
Routine check up	○	○	○
Follow-up of a previous problem	○	○	○
Other:	○	○	○

Please Specify: _____

B1d **Since the date of your last interview [MONTH/YEAR] how many separate tests have you had?**

□□ *tests*

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7
8
9

○ Don't Know

If 'one' test and B1a = 'YES' Go to B2

B1e **What was your age when you had your most recent test?**

□□□ *years*

0 0 0
1 1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

○ Don't Know

B1f **What were the reasons for your <u>most recent</u> test?** (*Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	○	○	○
Family History of Bowel Cancer	○	○	○
Routine check up	○	○	○
Follow-up of a previous problem	○	○	○
Other:	○	○	○

Please Specify: _____

There are two procedures that look inside the bowel using a tube passed through the rectum.

In a <u>sigmoidoscopy</u>, the examination is limited to the lower colon (bowel) and rectum and is usually done in a doctor's office without medication.

In a <u>colonoscopy</u>, the entire large colon (bowel) is examined and a medication in a vein is usually given to relax you or make you sleepy.

B2 **Since the date of your last interview [MM/YYYY], have you had a <u>sigmoidoscopy</u>?**

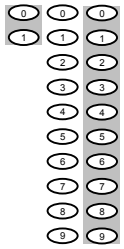
- ○ Yes → *B2a*
- ○ No → *B3*
- ○ Don't Know → *B3*

B2a **Was this the <u>first</u> time you <u>ever</u> had a sigmoidoscopy?**

- ○ Yes
- ○ No → *B2d*
- ○ Don't Know → *B2d*

B2b **[IF YES] What was your age when you <u>first</u> had this test?**

□□□ *years*



○ Don't Know

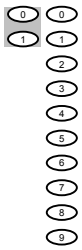
B2c **What were the reasons for your <u>first</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	○	○	○
Family History of Bowel Cancer	○	○	○
Routine check up	○	○	○
Follow-up of a previous problem	○	○	○
Other:	○	○	○

Please Specify: _____

B2d **Since the date of your last interview [MONTH/YEAR] how many <u>separate</u> sigmoidoscopies have you had?**

□□ *tests*

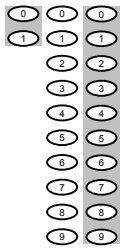


○ Don't Know

If 'one' test and B2a = 'YES' Go to B3

B2e **What was your age when you had your <u>most recent</u> sigmoidoscopy?**

□□□ *years*



○ Don't Know

B2f **What were the reasons for your <u>most recent</u> sigmoidoscopy?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	○	○	○
Family History of Bowel Cancer	○	○	○
Routine check up	○	○	○
Follow-up of a previous problem	○	○	○
Other:	○	○	○

Please Specify: _____

B3 **Since the date of your last interview [MM/YYYY], have you had a <u>colonoscopy</u>?**

- ⬭ Yes → *B3a*
- ⬭ No → *B4*
- ⬭ Don't Know → *B4*

B3a **Was this the <u>first</u> time you <u>ever</u> had a colonoscopy?**

- ⬭ Yes
- ⬭ No → *B3d*
- ⬭ Don't Know → *B3d*

B3b **[IF YES] What was your age when you <u>first</u> had this test?**

☐☐☐ *years*

⬭ Don't Know

B3c **What were the reasons for your <u>first</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	⬭	⬭	⬭
Family History of Bowel Cancer	⬭	⬭	⬭
Routine check up	⬭	⬭	⬭
Follow-up of a previous problem	⬭	⬭	⬭
Other:	⬭	⬭	⬭

Please Specify: _____

B3d **Since the date of your last interview [MONTH/YEAR] how many <u>separate</u> colonoscopies have you had?**

☐☐ *tests*

⬭ Don't Know

If 'one' test and B3a = 'YES' Go to B4

B3e **What was your age when you had your <u>most recent</u> test?**

☐☐☐ *years*

⬭ Don't Know

B3f **What were the reasons for your <u>most recent</u> colonoscopy?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	⬭	⬭	⬭
Family History of Bowel Cancer	⬭	⬭	⬭
Routine check up	⬭	⬭	⬭
Follow-up of a previous problem	⬭	⬭	⬭
Other:	⬭	⬭	⬭

Please Specify: _____

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A barium enema (BE) is an x-ray examination of your colon. In this procedure, a barium solution is infused into the colon (bowel) through the rectum, allowing the organs to be seen on x-ray.

B4 **Have you <u>ever</u> had a <u>barium enema /xray</u> test?**

- ⬭ Yes → *B4a*
- ⬭ No → *B5*
- ⬭ Don't Know → *B5*

B4a **What was your age when you <u>first</u> had this test?**

☐☐☐ *years*

⬭ Don't Know

B4b **What were the reasons for your <u>first</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	⬭	⬭	⬭
Family History of Bowel Cancer	⬭	⬭	⬭
Routine check up	⬭	⬭	⬭
Follow-up of a previous problem	⬭	⬭	⬭
Other:	⬭	⬭	⬭

Please Specify: _____

B4c **How many <u>separate</u> barium enemas have you had?**

☐☐ *tests*

⬭ Don't Know

If 'one' test Go to B5

B4d **What was your age when you had your <u>most recent</u> test?**

☐☐☐ *years*

⬭ Don't Know

B4e **What were the reasons for your <u>most recent</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	⬭	⬭	⬭
Family History of Bowel Cancer	⬭	⬭	⬭
Routine check up	⬭	⬭	⬭
Follow-up of a previous problem	⬭	⬭	⬭
Other:	⬭	⬭	⬭

Please Specify: _____

A digital rectal examination is where a doctor inserts a finger into the rectum (back passage).

B5 **Have you <u>ever</u> had a <u>digital rectal examination</u>?**

- ⬭ Yes → *B5a*
- ⬭ No → *B6*
- ⬭ Don't Know → *B6*

B5a **What was your age when you <u>first</u> had this test?**

☐☐☐ *years*

0 0 0
1 1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

⬭ Don't Know

B5b **What were the reasons for your <u>first</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	⬭	⬭	⬭
Family History of Bowel Cancer	⬭	⬭	⬭
Family History of Prostate Cancer	⬭	⬭	⬭
Routine check up	⬭	⬭	⬭
Follow-up of a previous problem	⬭	⬭	⬭
Other:	⬭	⬭	⬭

Please Specify: _____

B5c **How many <u>separate</u> rectal examinations have you had?**

☐☐ *tests*

0 0
1 1
2 2
3 3
4 4
5
6
7
8
9

⬭ Don't Know

If 'one' test Go to B6

B5d **What was your age when you had your <u>most recent</u> test?**

☐☐☐ *years*

0 0 0
1 1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

⬭ Don't Know

B5e **What were the reasons for your <u>most recent</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	⬭	⬭	⬭
Family History of Bowel Cancer	⬭	⬭	⬭
Family History of Prostate Cancer	⬭	⬭	⬭
Routine check up	⬭	⬭	⬭
Follow-up of a previous problem	⬭	⬭	⬭
Other:	⬭	⬭	⬭

Please Specify: _____

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In a gastroscopy a tube is passed through the mouth into the stomach.

B6 **Have you <u>ever</u> had a <u>gastroscopy</u>?**

- ○ Yes → *B6a*
- ○ No → *B7*
- ○ Don't Know → *B7*

B6a **What was your age when you <u>first</u> had this test?**

□□ *years*

○ Don't Know

B6b **What were the reasons for your <u>first</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	○	○	○
Family History of Bowel Cancer	○	○	○
Family History of Stomach Cancer	○	○	○
Routine check up	○	○	○
Follow-up of a previous problem	○	○	○
Other:	○	○	○

Please Specify: _____

B6c **How many <u>separate</u> tests have you had?**

□□ *tests*

○ Don't Know

If 'one' test Go to B7

B6d **What was your age when you had your <u>most recent</u> test?**

□□ *years*

○ Don't Know

B6e **What were the reasons for your most <u>recent test</u>?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	○	○	○
Family History of Bowel Cancer	○	○	○
Family History of Stomach Cancer	○	○	○
Routine check up	○	○	○
Follow-up of a previous problem	○	○	○
Other:	○	○	○

Please Specify: _____

A colonograph is a NEW procedure that uses a CT scan to create an image of the colon.

B7 **Have you <u>ever</u> had a <u>colonograph</u>?**

- ○ Yes → *B7a*
- ○ No → *C1*
- ○ Don't Know → *C1*

B7a **What was your age when you <u>first</u> had this test?**

□□□ *years*

○ Don't Know

B7b **What were the reasons for your <u>first</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	○	○	○
Family History of Bowel Cancer	○	○	○
Routine check up	○	○	○
Follow-up of a previous problem	○	○	○
Other:	○	○	○

Please Specify: _____

B7c **How many <u>separate</u> tests have you had**?

□□ *tests*

○ Don't Know

If 'one' test Go to B5

B7d **What was your age when you had your <u>most recent</u> test?**

□□□ *years*

○ Don't Know

B7e **What were the reasons for your <u>most recent</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	○	○	○
Family History of Bowel Cancer	○	○	○
Routine check up	○	○	○
Follow-up of a previous problem	○	○	○
Other:	○	○	○

Please Specify: _____

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C. Operations/Medical Procedures

This section asks about some operations/ medical procedures you may have had in the past.

C1 **Since the date of your last interview [month/year], have you had surgery to remove any of your colon?**

- ⬭ Yes → *C1a*
- ⬭ No → *C2*
- ⬭ Don't Know → *C2*

C1a **Since the date of your last interview how many surgeries have you had on your large bowel (colon)?**

☐☐ *surgeries*

⬭ Don't Know

C1b **For each operation on your large bowel since your last interview:**

*** What was your age when you had this surgery?**
*** During that surgery was your colon completely or only partially removed?**
*** What were the reasons for that surgery?**
*** What was the hospital name and state where you had the operation?**
*** What was the name of your surgeon?**

(Complete as many as apply)

C1bi **1st Surgery**

Age

☐☐☐ *years*

⬭ Don't Know

Amount removed

- ⬭ Entire large bowel
- ⬭ Part of large bowel
- ⬭ Don't Know

Reason

	Yes	No	Don't Know
Cancer	⬭	⬭	⬭
Diverticulitis	⬭	⬭	⬭
Crohn's Disease	⬭	⬭	⬭
Ulcerative Colitis	⬭	⬭	⬭
Inflammatory bowel disease	⬭	⬭	⬭
Other:	⬭	⬭	⬭

Please Specify: ____________________

Name of Hospital:

State:

Surgeon's Name:

Draft

Form ID

C1bii **2nd Surgery**

Age

years

0 1
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

Don't Know

Amount removed

- Entire large bowel
- Part of large bowel
- Don't Know

Reason

	Yes	No	Don't Know
Cancer			
Diverticulitis			
Crohn's Disease			
Ulcerative Colitis			
Inflammatory bowel disease			
Other:			

Please Specify: ____________________

Name of Hospital:

State:

Surgeon's Name:

C1biii **3rd Surgery**

Age

years

0 1
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

Don't Know

Amount removed

- Entire large bowel
- Part of large bowel
- Don't Know

Reason

	Yes	No	Don't Know
Cancer			
Diverticulitis			
Crohn's Disease			
Ulcerative Colitis			
Inflammatory bowel disease			
Other:			

Please Specify: ____________________

Name of Hospital:

State:

Surgeon's Name:

C2 **Since the date of your last interview [month/year], has a doctor told you that you had polyps in your large bowel or colon or rectum (back passage)? Be sure to think about all polyps that were found in any of the procedures you had since your last interview, not just the ones that may have been found during your most recent procedures.**

- ⬭ Yes → *C2a*
- ⬭ No → *C3*
- ⬭ Don't Know → *C3*

C2a **Since the date of your last interview [month/year], have you had any polyps removed?**

- ⬭ Yes → *C2b*
- ⬭ No → *C3*
- ⬭ Don't Know → *C3*

C2b **Since the date of your last interview, on how many separate occasions have you had polyps removed?**

☐☐ *occassions*

0 0
1 1
2
3
4
5
6
7
8
9

⬭ Don't Know

C2c **For each operation on your large bowel since your last interview:**

- *** What was your age when you had the polyps removed?**
- *** What was the clinic name and state where your polyps were removed?**
- *** What was the name of the doctor who removed the polyps?**

(Complete as many as apply)

C2ci **1st Polypectomy**

Age

☐☐☐ *years*

0 0 0
1 1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

⬭ Don't Know

Name of Hospital:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State:

☐☐☐

Surgeon's Name:

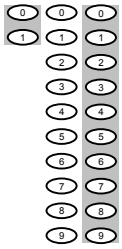
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

C2cii **2nd Polypectomy**

Age

☐☐☐ *years*



○ Don't Know

Name of Hospital:

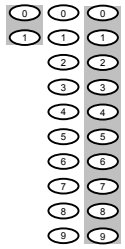
State:

Surgeon's Name:

C2ciii **3rd Polypectomy**

Age

☐☐☐ *years*



○ Don't Know

Name of Hospital:

State:

Surgeon's Name:

D. Medical Conditions

This section asks about certain conditions you may have been diagnosed with in the past.

D1 **Since the date of your last interview [month/year], has a doctor told you that you had any type of cancer, leukaemia or a malignant tumor?**

- ⬭ Yes → *D1a*
- ⬭ No → *D3*
- ⬭ Don't Know → *D3*

D1a **Since the date of your last interview, on how many different times have you been diagnosed with cancer?**

☐☐ *times*

00 01 02 03 04 05 06 07 08 09

⬭ Don't Know

D1b **For each different type of cancer:**

*** What was your age when your doctor told you that you had this cancer?**

*** What type of cancer was it?**

(Complete as many as apply)

D1bi **Cancer 1**

Age Diagnosed

☐☐☐ *years*

000 011 022 033 044 055 066 077 088 099

⬭ Don't Know

Type of cancer:

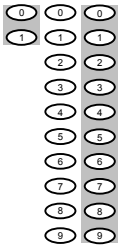
☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

D1bii **Cancer 2**

Age Diagnosed

☐☐☐ *years*



○ Don't Know

Type of cancer:

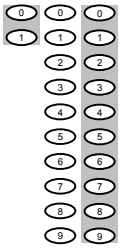
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

D1biii **Cancer 3**

Age Diagnosed

☐☐☐ *years*



○ Don't Know

Type of cancer:

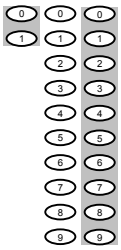
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

D1biv **Cancer 4**

Age Diagnosed

☐☐☐ *years*



○ Don't Know

Type of cancer:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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D2 **Since the date of your last interview [month/year], have you had chemotherapy and/or radiotherapy for bowel or colon cancer?**

- ⬭ Yes → *D2a*
- ⬭ No → *D3*
- ⬭ Don't Know → *D3*

D2a **Since the date of your last interview what type's of therapy have you received?** **(***Mark all that apply)*

	Yes	No	Don't Know
Chemotherapy	⬭	⬭	⬭
Radiotherapy	⬭	⬭	⬭

D2b **At how many different hospitals did you receive chemotherapy/radiotherapy?**

☐☐ *hospitals*

0 0 1 1 2 3 4 5 6 7 8 9

⬭ Don't Know

D2c **For each separate hospital:**

*** What was your age when you received the chemo/radiotherapy?**
*** What was the hospital name and state where you received the therapy?**
*** What was the name of the doctor who arranged your chemo/radiotherapy?**

(Complete as many as apply)

D2ci **Hospital 1**

Age

☐☐☐ *years*

0 0 0 1 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9

⬭ Don't Know

Name of Hospital:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State:

☐☐☐

Surgeon's Name:

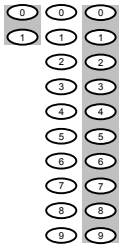
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

D2cii **Hospital 2**

Age

☐☐☐ *years*



○ Don't Know

Name of Hospital:

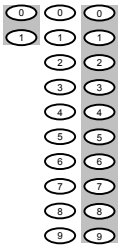
State:

Surgeon's Name:

D2ciii **Hospital 3**

Age

☐☐☐ *years*



○ Don't Know

Name of Hospital:

State:

Surgeon's Name:

D2civ **Hospital 4**

Age

years

0 0 0
1 1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

Don't Know

Name of Hospital:

State:

Surgeon's Name:

D3 **How much do you currently weigh ?**

stone **and** *pounds* **OR** *kg*

Don't Know

Don't Know

Don't Know

D4 **Have you at any time in your life had attacks of asthma or wheezy breathing?**

- Yes → *D4a*
- No → *W1 or E1*
- Don't Know → *W1 or E1*

D4a **Age at which this first occurred?**

years

Don't Know

D4b **Have you had an attack in the last 12 months?**

- Yes
- No
- Don't Know

Women : Go to next page, Question E1

Men : Go to Page xx, Question F1

E. Women's Health

This section asks about procedures, medications and screening tests for women only.

E1 **Since the date of your last interview [month/year], have you had surgery to remove either your uterus (womb), ovaries and/or breasts?**

- Yes → *E1a*
- No → *E2*
- Don't Know → *E2*

E1a **Since the date of your last interview, (MM,YYYY), how many times have you had surgery to remove either your uterus, ovaries or breasts?**

[ ][ ] *surgeries*

0 1 / 0 1 2 3 4 5 6 7 8 9

- Don't Know

E1b **For each operation since your last interview:**

- **What was your age when you had this surgery?**
- **During that surgery what was removed?**
- **What were the reasons for that surgery?**
- **What was the hospital name and state where you had the surgery?**
- **What was the name of your surgeon?**

(Complete as many as apply)

E1bi **1st Surgery**

Age

[ ][ ][ ] *years*

0 1 / 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9

- Don't Know

Organs removed

	Yes	No	Don't Know
Hysterectomy (womb/uterus removed)	○	○	○
Both ovaries removed	○	○	○
One ovary removed	○	○	○
Both breasts removed (mastectomies)	○	○	○
Left breast removed only	○	○	○
Right breast removed only	○	○	○
Other:	○	○	○

Please specify: ____________________

Name of Hospital: [ ]
[ ]

State: [ ][ ][ ]

Doctor's Name: [ ]
[ ]

E1bii **2nd Surgery**

Age

years

Don't Know

Organs removed

	Yes	No	Don't Know
Hysterectomy (womb/uterus removed)	○	○	○
Both ovaries removed	○	○	○
One ovary removed	○	○	○
Both breasts removed (mastectomies)	○	○	○
Left breast removed only	○	○	○
Right breast removed only	○	○	○
Other:	○	○	○

Please specify: ______________________

Name of Hospital:

State:

Doctor's Name:

E1biii **3rd Surgery**

Age

years

Don't Know

Organs removed

	Yes	No	Don't Know
Hysterectomy (womb/uterus removed)	○	○	○
Both ovaries removed	○	○	○
One ovary removed	○	○	○
Both breasts removed (mastectomies)	○	○	○
Left breast removed only	○	○	○
Right breast removed only	○	○	○
Other:	○	○	○

Please specify: ______________________

Name of Hospital:

State:

Doctor's Name:

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E1biv **4th Surgery**

Age

[ ][ ][ ] *years*

◯ Don't Know

Organs removed

	Yes	No	Don't Know
Hysterectomy (womb/uterus removed)	◯	◯	◯
Both ovaries removed	◯	◯	◯
One ovary removed	◯	◯	◯
Both breasts removed (mastectomies)	◯	◯	◯
Left breast removed only	◯	◯	◯
Right breast removed only	◯	◯	◯
Other:	◯	◯	◯

Please specify: ______________________

Name of Hospital:

State:

Doctor's Name:

E2 **Since the date of your last interview [month/year], have you prescribed HRT as an oestrogen pill or patch, alone or in combination with another hormone that you used for 6MONTHS or LONGER?**
[Do not include birth control pill or hormone therapy delivered by injections, vaginal creams or suppositories]

◯ Yes → *E2a*
◯ No → *E2*
◯ Don't Know → *E2*

E2a **What kind did you take?**
(Mark all that apply)

	Yes	No	Don't Know
Oestrogen alone	◯	◯	◯
Oestrogen with Progesterone	◯	◯	◯
Oestrogen with Testosterone	◯	◯	◯
Other:	◯	◯	◯

Please specify: ______________________

E2b **How long in total have you taken oestrogen (in any form)?**

[ ][ ] ◯ Months
◯ Years

◯ Don't Know

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E3 **Have you <u>ever</u> had a <u>mammogram</u>?**

- ⬭ Yes → *E3a*
- ⬭ No → *E4*
- ⬭ Don't Know → *E4*

E3a **What was your age when you <u>first</u> had this test?**

[ ][ ][ ] *years*

⬭ Don't Know

E3b **What were the reasons for your <u>first</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	⬭	⬭	⬭
Family History of Breast Cancer	⬭	⬭	⬭
Routine check up	⬭	⬭	⬭
Follow-up of a previous problem	⬭	⬭	⬭
Other:	⬭	⬭	⬭

Please specify: ______________________

E3c **How many separate tests have you had?**

[ ][ ] *tests*

⬭ Don't Know

If 'one' test Go to E4

E3d **What was your age when you had your most recent test?**

[ ][ ][ ] *years*

⬭ Don't Know

E3e **What were the reasons for your most recent test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	⬭	⬭	⬭
Family History of Breast Cancer	⬭	⬭	⬭
Routine check up	⬭	⬭	⬭
Follow-up of a previous problem	⬭	⬭	⬭
Other:	⬭	⬭	⬭

Please specify: ______________________

E3f **Where did you have your most recent mammogram?**

Clinic: [ ]

[ ]

Address: [ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

E4 **Have you ever had an endometrial biopsy?**
An endometrial biopsy removes a sample of the lining of the uterus (womb) and is done in an operating theatre with anaesthetic which makes you sleep.
[DO NOT INCLUDE PAP SMEARS WHICH ARE DONE WHILE YOU ARE AWAKE][DO NOT INCLUDE PROCEDURES FOR ENDOMETRIOSIS or DILATION AND CURRETAGE (D&C) RELATED TO PREGNANCY]

⬭ Yes → *E4a*
⬭ No → *E5*
⬭ Don't Know → *E5*

E4a **Since the date of your last interview, on how many separate occasions have you had on endometrial biopsy?**

☐☐ *occassions*

⬭ 0 ⬭ 0
⬭ 1 ⬭ 1
⬭ 2
⬭ 3
⬭ 4
⬭ 5
⬭ 6
⬭ 7
⬭ 8
⬭ 9

⬭ Don't Know

E4b **For each separate occassion since your last interview:**
*** What was your age when you had the endometrial biopsy?**
*** What was the clinic name and state where you had this procedure?**
*** What was the name of the doctor who performed the biopsy?**

(Complete as many as apply)

E4bi **1st Biopsy**

Age

☐☐☐ *years*

⬭ 0 ⬭ 0 ⬭ 0
⬭ 1 ⬭ 1 ⬭ 1
⬭ 2 ⬭ 2
⬭ 3 ⬭ 3
⬭ 4 ⬭ 4
⬭ 5 ⬭ 5
⬭ 6 ⬭ 6
⬭ 7 ⬭ 7
⬭ 8 ⬭ 8
⬭ 9 ⬭ 9

⬭ Don't Know

Name of Hospital:

State:

Doctor's Name:

E4bii **2nd Biopsy**

Age

years

Don't Know

Name of Hospital:

State:

Doctor's Name:

E4biii **3rd Biopsy**

Age

years

Don't Know

Name of Hospital:

State:

Doctor's Name:

E5 **Have you ever had a transvaginal ultrasound?**
A transvaginal ultrasound uses a device that is placed directly int the vagina to obtain pictures of the uterus and ovaries**.**

- ○ Yes → *E5a*
- ○ No → *F4*
- ○ Don't Know → *F4*

E5a **What was your age when you <u>first</u> had this test?**

□□□ *years*

0 1 2 3 4 5 6 7 8 9 (tens) × 0 1 2 3 4 5 6 7 8 9 (ones)

○ Don't Know

E5b **What were the reasons for your <u>first</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	○	○	○
Family History of Bowel Cancer	○	○	○
Family History of Uterine (Womb)Cancer	○	○	○
Family History of Ovarian Cancer	○	○	○
Routine check up	○	○	○
Follow-up of a previous problem	○	○	○
Other:	○	○	○

Please specify: _____

E5c **How many <u>separate</u> tests have you had?**

□□ *tests*

0 1 2 3 4 5 6 7 8 9 (tens) × 0 1 2 3 4 5 6 7 8 9 (ones)

○ Don't Know

If 'one' test Go to F1

E5d **What was your age when you had your <u>most recent</u> test?**

□□□ *years*

0 1 (tens) × 0 1 2 3 4 5 6 7 8 9 (ones)

○ Don't Know

E5e **What were the reasons for your <u>most recent</u> test?** *(Mark all that apply)*

	Yes	No	Don't Know
To investigate a new problem	○	○	○
Family History of Bowel Cancer	○	○	○
Family History of Uterine (Womb)Cancer	○	○	○
Family History of Ovarian Cancer	○	○	○
Routine check up	○	○	○
Follow-up of a previous problem	○	○	○
Other:	○	○	○

Please specify: _____

F. Medications

These next questions ask about medications you may have taken since your last interview. We are only interested in medications you take regularly, that is at least 2 times a week for more than a month.

	Since the date of your last interview [month/year] have you ever taken the following medications at least twice a week for more than a month.	**How often did you take it, when you were taking it at least twice a week for a month or longer?**	**How long, in total, have you taken this medication for at least twice a week for a month or longer?**
F1	**ASPIRIN** *(such as Alfa-Seltzer, Aspro,Aspalgin, Bex Powders, Cardiprin, Cartia, Codis, Codral Forte,Dispirin, Ecotrin, Solprin, Spren, Vincent's Powders)* ○ Yes ○ No → F2 ○ Don't Know → F2	☐☐☐ *times* ○ *per day* ○ *per week* ○ Don't Know	☐☐ ○ *months* ○ *years* ○ Don't Know
F2	**PARACETOMOL** *(such as Codalgin, Codral Flu tablets, Demazin, Di-Gesic, Dimetapp, Dymadon, Lemsip, Logicin, Mersyndol, Norgesic, Orthoxicol, Panadol, Panalgesic, Panamax, Paralgin, Panadeine, Panadeine Forte, Setamol, Sinutab, Sudafed, Tylenol)* ○ Yes ○ No → F3 ○ Don't Know → F3	☐☐☐ *times* ○ *per day* ○ *per week* ○ Don't Know	☐☐ ○ *months* ○ *years* ○ Don't Know
F3	**NON-STEROIDAL ANTI - INFLAMMATORY MEDICATION** *(Aclin,Actiprofen, Aleve, Anaprox, Athrexin, Arthtotec, Brufen, Candyl, Diclofenac, Clinoril, Dinac, Dolobid, Feldene, Fenac, Indocid, Mobilis, Naprogesic, Naprosyn, Orudis, Pirohexal, Piroxicam, Ponstan, Proxen, Rafwen, Rosig, Toradol, Voltaren))* ○ Yes ○ No → F4 ○ Don't Know → F4.	☐☐☐ *times* ○ *per day* ○ *per week* ○ Don't Know	☐☐ ○ *months* ○ *years* ○ Don't Know
F4	**NON-STEROIDAL ANTI - INFLAMMATORY MEDICATION called COX 2 INHIBITOR MEDICATION** *(such as Celebrex (Celecoxib), Mobic (Meloxicam), Vioxx (Rofecoxib))* ○ Yes ○ No → F5 ○ Don't Know → F5	☐☐☐ *times* ○ *per day* ○ *per week* ○ Don't Know	☐☐ ○ *months* ○ *years* ○ Don't Know

	Since the date of your last interview [month/year] have you ever taken the following medications at least twice a week for more than a month.	How often did you take it, when you were taking it at least twice a week for a month or longer?	How long, in total, have you taken this medication for at least twice a week for a month or longer?
F5	**CALCIUM-CONTAINING ANTACIDS** *(such as De Witts, De-Gas, Gaviscon, Mylanta Heartburn Relief, Rennie Digestive, Titralac, TUMS)* ○ Yes ○ No → F6 ○ Don't Know → F6	☐☐☐ *times* ○ *per day* ○ *per week* ○ Don't Know	☐☐ ○ *months* ○ *years* ○ Don't Know
F6	**CALCIUM SUPPLEMENTS** *(such as Calcium, Cal-Sup, Caltrate, Calvita, Citracal, Tri-Cal, Sandocal)* ○ Yes ○ No → F7 ○ Don't Know → F7	☐☐☐ *times* ○ *per day* ○ *per week* ○ Don't Know	☐☐ ○ *months* ○ *years* ○ Don't Know
F7	**MULTIVITAMIN PILLS or TABLETS including B GROUP VITAMINS** *(such as Bioglan, Blackmores, Cenovis, Centrum, Myadec, Natures Way, Pluravit, Supradyn)* ○ Yes ○ No → F8 ○ Don't Know → F8	☐☐☐ *times* ○ *per day* ○ *per week* ○ Don't Know	☐☐ ○ *months* ○ *years* ○ Don't Know
F8	**FOLIC ACID or FOLATE SUPPLEMENTS** *(such as FGF, Fefol, Folic Acid, Megafol)* ○ Yes ○ No → F5 ○ Don't Know → F5	☐☐☐ *times* ○ *per day* ○ *per week* ○ Don't Know	☐☐ ○ *months* ○ *years* ○ Don't Know

G. Smoking

This section asks about your cigarette smoking habits

G1 **Since the date of your last interview [month/year] have you ever smoked a cigarette a day for 3 months or longer ?**

- ⬭ Yes → G1a
- ⬭ No → H1a
- ⬭ Don't Know → H1a

G1a **Since your last interview [month,year], during periods when you smoked regularly, on average how many cigarettes did you typically smoke in a day?**

☐☐☐ *cigarettes per day*

⬭ Don't Know

G1b **Do you currently smoke at least one cigarette a day ?**

- ⬭ Yes → G1d
- ⬭ No
- ⬭ Don't Know

G1c **At what age did you last quit smoking regularly?** *(One cigarette a day for 3 months or longer)*

☐☐☐ *age in years*

⬭ Don't Know

G1d **How many years in total did you smoke at least one cigarette per day for 3 months or longer?** *(If you have stopped and restarted at least once, count only the time when you were smoking)*

☐☐☐ *total number of years*

⬭ Don't Know

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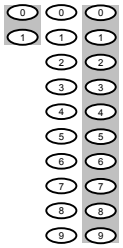
H. Behavioural/Genetic Testing

The next questions ask about your views on bowel cancer and your sense of wellbeing.

H1a **What percentage of women, do you think, will get bowel cancer in their lifetime?** *(There is no right or wrong answer to this questionj. We just want to know how common you think it is.)*

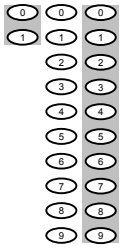
☐☐☐ per cent



○ Don't Know
DON'T READ

H1b **What percentage of men, do you think, will get bowel cancer in their lifetime?** *(There is no right or wrong answer to this question. We just want to know how common you think it is.)*

☐☐☐ per cent



○ Don't Know
DON'T READ

H2 **PLEASE DO NOT ANSWER IF YOU'VE HAD CANCER**
Do you think your chance of getting bowel cancer is higher or lower than the average person of your age and sex?

○ Much Lower
○ Somewhat Lower
○ Same
○ Somewhat Higher
○ Much Higher
○ Don't Know

H3 **Have you ever had a blood test to look for genes for bowel cancer?** *[DO NOT INCLUDE BLOOD TESTS YOU HAVE HAD AS A PART OF THIS STUDY]*

○ Yes → H3a
○ No → H4
○ Don't Know → H4

H3a **Did you choose to receive the results?**

○ Yes
○ No
○ Don't Know

H4 **Have you ever participated in any other genetic or family-based cancer studies other than this study?**

○ Yes *please specify*
○ No
○ Don't Know

☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐

H5 **In general would you say your health is:**

○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor
○ Don't Know

H6 **The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

		Yes, limited a lot	Yes, limited a little	No, not limited at all	Don't Know
H6a	Moderate activities (such as moving a table, pushing a vacuum cleaner, bowling or playing golf)	⬭	⬭	⬭	⬭
H6b	Climbing several flights of steps	⬭	⬭	⬭	⬭

H7 **During the past 4 weeks, have you had any of the following problems with your work or other regular daily activity as a result of your physical health?**

		Yes	No	Don't Know
H7a	Have you accomplished less than you would like?	⬭	⬭	⬭
H7b	Were you limited in the kind of work or other activities	⬭	⬭	⬭

H8 **During the past 4 weeks, have you had any of the following problems with your work or other regular daily activity as a result of your emotional health (such as feeling depressed or anxious)?**

		Yes	No	Don't Know
H8a	Have you accomplished less than you would like?	⬭	⬭	⬭
H8b	Did work or other activities less carefully than usual?	⬭	⬭	⬭

H9 **In the past 4 weeks, how much did pain interfer with your normal work, including both outside the home and housework?**

⬭ Not at all
⬭ A little bit
⬭ Moderately
⬭ Quite a bit
⬭ Extremely
⬭ Don't Know

H10 **The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

		All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't Know
H10a	Have you felt calm and peaceful?	⬭	⬭	⬭	⬭	⬭	⬭
H10b	Did you have a lot of energy?	⬭	⬭	⬭	⬭	⬭	⬭
H10c	Have you felt downhearted and depressed?	⬭	⬭	⬭	⬭	⬭	⬭
H10d	Has your physical health or emotional problems interfered with your social activities? *(like visiting friends, relatives etc)*	⬭	⬭	⬭	⬭	⬭	⬭

12 **Have you any comments, or information, that you think we should have asked about ?**